JOB TITLE: Kitchen Aide
REPORTS TO: Kitchen Director/Head Cook
FLSA TYPE: Full Time; Seasonal; Exempt
DEPARTMENT: Camping

GENERAL FUNCTION
The Kitchen Staff is responsible for assisting preparation of meal service in an overnight camp setting. The Kitchen Staff prepares to deliver meals for up to 200 people three times daily and maintains cleanliness of the kitchen.

ENTRY REQUIREMENTS AND TRAINING
• Age 16 or over by June 1.
• Previous experience in the food service industry preferred.
• Possession leadership experience with youth.
• Relate effectively to one’s peers and supervisors in a work setting.
• Possess flexibility, maturity, and the ability to work with a minimum of supervision.
• Good character and ability to act as a role model for youth.
• Current First Aid & CPR Certification.

PRINCIPAL ACTIVITIES
• Maintain kitchen to standards of health codes and cleanliness, wash dishes, clean equipment, floors, and kitchen.
• Prepare meals as instructed by Kitchen Director and Assistant Kitchen Director
• Communicate with Kitchen Director on a daily basis about needs of the kitchen.

WORKING CONDITIONS
• Physically able to complete all principle activities.
• Able to communicate verbally with staff and to provide instructions.
• Possess visual and auditory ability to respond to critical incidents and physical ability to act swiftly in emergency situations.
• Able to work long hours including nights and weekends.
• Able to work indoors in varying weather conditions (heat, etc) and live in a rustic outdoor setting.
• Able to follow all camp rules and YMCA policies and procedures as outlined in the Staff Handbook.
• May work at another camp location as needed.

This job description may not be all inclusive and employees are expected to perform all other duties as assigned and directed by management. Job descriptions and duties may be modified when deemed appropriate by management.

Employee Name: ____________________________________________

Employee Signature: __________________________ Date: __________

Supervisor Signature: __________________________ Date: __________